



APPLICATION FOR UNITED STATES PATENT DECLARATION AND POWER OF ATTORNEY

Below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **SYSTEMS AND METHODS FOR MANAGING IDENTITY INFORMATION**

described and claimed in the specification:

Check one

- *a. attached hereto.
- b. filed on _____ as Application No. _____ and amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) and/or United States provisional application(s) filed by me or my legal representatives or assigns within one year prior to this application are hereby claimed:

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of USA either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s) and/or United States provisional application(s):

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024;
 Kirk M. Hudson, Reg. No. 27,562; Thomas J. Pardini, Reg. No. 30,411;
 Edward P. Walker, Reg. No. 31,450; Robert A. Miller, Reg. No. 32,771;
 Mario A. Costantino, Reg. No. 33,565; Stephen J. Roe, Reg. No. 34,463;
 Joel S. Armstrong, Reg. No. 36,430; Christopher W. Brown, Reg. No. 38,025; and
 Richard E. Rice, Reg. No. 31,560.

**ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE,
PLC, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.**

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1	<i>Typewritten Full Name of First or Sole Inventor</i>			Chi-Thanh	DANG
				Given Name	Middle Initial
2	<i>**Inventor's Signature:</i>			<i>Chi-Thanh Dang</i>	
3	<i>**Date of Signature:</i>			07/24/01	
Residence:		Month	Day	Year	
		Tucson	Arizona	USA	
Citizenship:		City	State or Province	Country	
		USA			
Post Office Address: (Insert complete mailing address, including country) Tucson, Arizona 85750, USA					

*If Box (a.) is checked, this form may be executed only when attached to the specification (including claims).

**Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE

PAGE 2 OF U.S.A. DECLARATION FORM
(Discard this page in a sole inventor application)

1	<i>Typewritten Full Name of Second Joint Inventor (if any)</i>	Rambabu	ACHANTA
		Given Name	Middle Initial
2	**Inventor's Signature:		
3	**Date of Signature:	Month	Year
Residence:	Torrance	California	USA
Citizenship:	India	State or Province	Country
Post Office Address: (Insert complete mailing address, including country)	3725 Garnet Street, Apt. 207		
	Torrance, California 90503, USA		
1	<i>Typewritten Full Name of Third Joint Inventor (if any)</i>	Robert	HATTON
		Given Name	Middle Initial
2	**Inventor's Signature:		
3	**Date of Signature:	Month	Year
Residence:	City	State or Province	Country
Citizenship:	USA		
Post Office Address: (Insert complete mailing address, including country)			
1	<i>Typewritten Full Name of Fourth Joint Inventor (if any)</i>	Kiranmayee	POTNURU
		Given Name	Middle Initial
2	**Inventor's Signature:		
3	**Date of Signature:	Month	Year
Residence:	Torrance	California	USA
Citizenship:	India	State or Province	Country
Post Office Address: (Insert complete mailing address, including country)	20617 Amie Avenue, Apt. #1		
	Torrance, California 90503, USA		
1	<i>Typewritten Full Name of Fifth Joint Inventor (if any)</i>	Patricia	AGBULOS
		Given Name	Middle Initial
2	**Inventor's Signature:		
3	**Date of Signature:	Month	Year
Residence:	City	State or Province	Country
Citizenship:	USA		
Post Office Address: (Insert complete mailing address, including country)			

Note to Inventors: Please sign name exactly as it appears and insert the actual date of signing.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney form of the application to which it pertains.



Docket No.: 109445

APPLICATION FOR UNITED STATES PATENT DECLARATION AND POWER OF ATTORNEY

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I verify believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SYSTEMS AND METHODS FOR MANAGING IDENTITY INFORMATION

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Edward P. Walker, Reg. No. 31,450; Robert A. Miller, Reg. No. 32,771;
Mario A. Costantino, Reg. No. 33,565; Stephen J. Roe, Reg. No. 34,463;
Jocil S. Armstrong, Reg. No. 36,430; Christopher W. Brown, Reg. No. 38,025; and
Richard E. Rice, Reg. No. 31,560..

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PLC, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836 6100.**

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1	Typewritten Full Name of First or Only Inventor			Chih-han Chang	DANG
				Given Name	Family Name
2	**Inventor's Signature			Middle Initial	
3	**Date of Signature				
Residence:	Tucson	Month	Day	Year	
				USA	
Citizenship:	USA	City	State or Province	Country	
Post Office Address: (Insert complete mailing address, including country)	7901 East Hardy Street Tucson, Arizona 85750, USA				

*If B. x (a.) is checked, this form may be executed only when attached to the specification (including claims).

**Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.

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1 <i>Typewritten Full Name of Second Joint Inventor (if any)</i>	Rambabu	Middle Initial	ACIANTA
Given Name			Family Name
2 <i>**Inventor's Signature:</i>	Neveson A.	Month	18
3 <i>**Date of Signature:</i>	05	Day	2001
Residence:	Torrance	State or Province	California
	City		USA
Citizenship:	India		
Post Office Address: (Insert complete mailing address, including country)	3725 Garnet Street, Apt. 207		
	Torrance, California 90503, USA		
1 <i>Typewritten Full Name of Third Joint Inventor (if any)</i>	Robert	J.	HATTON
Given Name		Middle Initial	Family Name
2 <i>**Inventor's Signature:</i>	Re 5	Month	18
3 <i>**Date of Signature:</i>	5	Day	2001
Residence:	Huntington Beach	State or Province	CA
	City		USA
Citizenship:	USA		
Post Office Address: (Insert complete mailing address, including country)			
1 <i>Typewritten Full Name of Fourth Joint Inventor (if any)</i>	Kiranmayec	Middle Initial	POTNURU
Given Name			Family Name
2 <i>**Inventor's Signature:</i>	Kiranmayec	Month	Day
3 <i>**Date of Signature:</i>	5/18/2001	Year	
Residence:	Torrance	State or Province	California
	City		USA
Citizenship:	India		
Post Office Address: (Insert complete mailing address, including country)	20617 Amie Avenue, Apt. #1		
	Torrance, California 90503, USA		
1 <i>Typewritten Full Name of Fifth Joint Inventor (if any)</i>	Patricia	Middle Initial	AGBULOS
Given Name			Family Name
2 <i>**Inventor's Signature:</i>	Patricia	Month	18
3 <i>**Date of Signature:</i>	5	Day	2001
Residence:	SAUGUS	State or Province	CA
	City		USA
Citizenship:	USA		
Post Office Address: (Insert complete mailing address, including country)			

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